

vanko studio architects

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## TRANSMITTAL

To: Elizabeth Franklin, Chair  
Commission on Disability  
Town Hall  
472 Main Street  
Acton, MA 01720

Date: May 1, 2013

Project: Windsor Building Improvements

Sending: Attached

Transmitted: FedEx

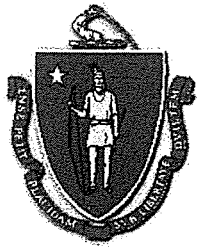
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Copies	Date	No.	Description
1	5/1/13		Windsor Building Conversion to an Accessible Public Use Building

Remarks:

Copy to

Signed Peter Vanko  
Vanko Studio Architects  
225 Friend Street  
Boston, MA



*The Commonwealth of Massachusetts*  
**Department of Public Safety**  
**Architectural Access Board**

One Ashburton Place, Room 1310  
Boston Massachusetts 02108-1618

Phone: 617-727-0660

Fax: 617-727-0665

[www.mass.gov/dps](http://www.mass.gov/dps)

Docket Number

(Office Use Only)

**APPLICATION FOR VARIANCE**

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

**PLEASE ENCLOSE:**

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the "Commonwealth of Massachusetts" and all supporting documentation (e.g. plans in 11" x 17" format, photographs, etc.). In addition, the complete package (including plans, photographs and the completed "Service Notice") must be submitted to all parties via compact disc.
- 2) If you are a tenant seeking variance(s), a letter from the owner of the building authorizing you to apply on his or her behalf is required.
- 3) The completed "Service Notice" form provided at the end of this application certifying that a copy of your *complete application* has been received by the Local Building Inspector, Local Disability Commission (if applicable), and Local Independent Living Center for the city/town that the property in question resides in. A list of the local entities can be found by calling the Architectural Access Board Office or the Local City/Town Clerk. For a list of the Local Independent Living Centers you can either call the Architectural Access Board Office or visit the Massachusetts Statewide Independent Living Council website at <http://www.masilc.org/membership/cils>.

1. State the name and address of the owner of the building/facility:

Town of Acton (Attn: Dean Charter), 472 Main Street, Acton, MA, 01720

E-mail: None

Telephone: 978 - 929 7744

2. State the name and address of the building/facility:

Windsor Building, 18 Windsor Avenue, Acton, MA 01720

3. Describe the facility (i.e. number of floors, type of functions, use, etc.):

The building is an old (3) story (plus attic) firehouse currently used for storage by the Town.

The Town wishes to convert the building to a community building with meeting rooms for public forums and Library outreach.

4. Total square footage of the building: 1600 USF Per floor: 800 USF

a. total square footage of tenant space (if applicable): NA

5. Check the work performed or to be performed:

☐ New Construction ☐ Addition  
☒ Reconstruction/Remodeling/Alteration ☒ Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary):

Exterior ramp to provide an accessible route from the street. Interior wheelchair lift to second level makes the second floor accessible. Public meeting spaces will be on levels 1 and 2 only. No public access to attic or basement.

7. State each section of the Architectural Access Board's Regulations for which a variance is being requested:

7a. Check appropriate regulations:

☐ 1996 Regulations ☐ 2002 Regulations ☒ 2006 Regulations

SECTION NUMBER

28.12.1

LOCATION OR DESCRIPTION

"For a building greater than 2 stories...wheelchair lift used....in lieu of an elevator"

8. Is the building historically significant? ☐ yes ☒ no. If no, go to number 9.

8a. If yes, check one of the following and indicate date of listing:

☐ National Historic Landmark  
☐ Listed individually on the National Register of Historic Places  
☐ Located in registered historic district  
☐ Listed in the State Register of Historic Places  
☐ Eligible for listing

8b. If you checked any of the above **and** your variance request is based upon the historical significance of the building, you *must* provide a letter of determination from the Massachusetts Historical Commission, 220 Morrissey Boulevard, Boston, MA 02125.

9. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (use additional sheets if necessary), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

Insertion of an elevator is physically infeasible due to pit and overrun requirements. The wheelchair lift allows for less structural modifications and may be accomplished in the vertical space available.

10. Has a building permit been applied for? No  
Has a building permit been issued? No  
10a. If a building permit has been issued, what date was it issued? \_\_\_\_\_  
10b. If work has been completed, state the date the building permit was issued for said work: \_\_\_\_\_

11. State the estimated cost of construction as stated on the above building permit:

11a. If a building permit has not been issued, state the anticipated construction cost:  
\$275,000

12. Have any other building permits been issued within the past 36 months? \_\_\_\_\_  
12a. If yes, state the dates that permits were issued and the estimated cost of construction for each permit: \_\_\_\_\_

13. Has a certificate of occupancy been issued for the facility? \_\_\_\_\_  
If yes, state the date: \_\_\_\_\_

14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? \_\_\_\_\_ yes \_\_\_\_\_ no

15. State the actual assessed valuation of the **BUILDING ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building is located: \$137,200.00  
Is the assessment at 100%? Y  
If not, what is the town's current assessment ratio? \_\_\_\_\_

16. State the phase of design or construction of the facility as of the date of this application: Feasibility study

17. State the name and address of the architectural or engineering firm, including the name of the individual architect or engineer responsible for preparing drawings of the facility:

Vanko Studio Architects, LLC, 225 Friend Street, Suite 801, Boston, MA, 02114

Contact: J. Peter Vanko, Architect

E-mail: jpetervanko@vankostudio.com

Telephone: 617.502.1120 x291

18. State the name and address of the building inspector responsible for overseeing this project:

Frank Ramsbottom, 472 Main St., Acton, MA 01720

E-mail: building@acton-ma.gov

Telephone: (978) 929-6633

Date: 5/1/2013



Signature of owner or authorized agent

**PLEASE PRINT:**

J. Peter Vanko

Name

225 Friend Street, Suite 801

Address

Boston

MA

02114

City/Town

State

Zip Code

jpetervanko@vankostudio.com

E-mail

617.502.1120 x291

Telephone

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION  
SERVICE NOTICE**

I, BRIAN DUFFLEY, as REPRESENTATIVE  
for the Petitioner VANKO STUDIO ARCHITECTS submit a  
variance application filed with the Massachusetts Architectural Access Board on May 1<sup>st</sup>  
20 13.

HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR  
CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING  
PERSON(S) IN THE FOLLOWING MANNER:

<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>		<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1	BUILDING COMMISSIONER	USPS	5/1/13
	472 MAIN ST. ACTON, MA 01720		
2	ELIZABETH FRANKLIN, Chair Commissioner on Dissability	USPS	5/1/13
	TOWN HALL, 472 Main St. ACTON, MA 01720		
3	METROWEST CENTER FOR INDEPENDENT LIVING	USPS	5/1/13
	280 IRVING ST. FRAMINGHAM, MA 01702		

AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE  
STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.

Brian V Duffley  
Signature: Appellant or Petitioner

On the 1<sup>st</sup> Day of May 20 13  
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

Brian V Duffley  
(Type or Print the Name of the Appellant)

Sarah Ann Swan  
NOTARY PUBLIC

March 28, 2019  
MY COMMISSION EXPIRES

